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ON SOME OF THE USES OF BROMIDE OF POTASSIUM.

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AMONG the remedies which have within the past few years been brought to the notice of the medical profession, there is scarcely one which, in my hands, has so seldom disappointed me, and so uniformly been of service in those diseases to which it is applicable, as bromide of potassium. For a long time it was but little used in medicine, and chemists and photographers chiefly consumed the small amount produced. Its use in medicine was confined mainly to the treatment of scrofula and analogous diseases, for which iodine and its salt—iodide of potassium—were used, and with the exception of some of the later editions of the U. S. Dispensatory, no mention is made of its remedial powers, except in scrofula, bronchocele and enlarged spleen. About the year 1850, the Medical Department of the U. S. Army issued to each general and post hospital one ounce of "bromi-nium, with printed directions for preparing and administering Bibron's antidote to the poison of serpents." In 1854, Thielmann, a Russian physician, recommended it as an excellent anaphrodisiac remedy in satyriasis, in the frequent and painful erections during gonorrhœa, in spermatorrhœa, and in nymphomania. In 1860, Sir C. Locock, in the London *Medical Times and Gazette*, recommended the bromide as a remedy having considerable influence in those epileptiform affections having their origin in ovarian irritation, and in 1862, Dr. Wilks, of Guy's Hospital, in some clinical remarks, illustrated by cases, speaks highly though cautiously of the new remedy as one of decided value in the treatment of epilepsy occurring both in males and females, and states that he continues to use it in all new cases which come before him, believing it to be wise to adopt some such remedy in the first instance. In 1862, Dr. A. Garrod, in the London *Medical Times and Gazette*, after about nine years' extensive trial of the medicine, speaking of the comparative results with the iodide of potassium in certain syphilitic eruptions, thus sums up the result of his observations:—

I. When pure (free from iodide of potassium) it did not give rise to any of the symptoms to which the name of iodism has been applied.

II. It produces no irritation of the mucous membrane of the nose and fauces—no coryza.

III. Some patients experience a peculiar sensation of dryness of the throat and neighboring parts.

IV. When given in large medicinal doses, sleepiness or drowsiness, and dull headache were occasionally noticed.

V. When administered in very large amounts, some loss of power was noticed in the lower extremities, which passed off when the medicine was discontinued.

VI. The therapeutic action was decidedly what may be termed alterative—that is, it relieved certain forms of chronic disease, as syphilitic skin affections.

VII. No marked action was observed on the skin or kidneys. Then he says, soon after these observations had been made, and Sir Charles Locock had made known its value in hysterical epilepsy and the nervous affections connected with uterine disturbance, he was led to make further trials of the remedy, and found that—

VIII. Bromide of potassium exerts a most powerful influence on the generative organs, lowering their function in a remarkable degree.

IX. It is a remedy possessing most valuable powers in diseases dependent upon, and accompanied by, excitement or over-action of the generative organs; and hence it may be given with advantage in nymphomania, priapism, certain forms of menorrhagia, especially that occurring at the climacteric period; as likewise in nervous convulsive diseases dependent on uterine irritation; and, lastly, in some ovarian tumors.

X. It appears to produce an anæsthetic condition of the larynx and pharynx; and hence has been usefully employed in examinations of and operations upon those parts.

In the London *Lancet* of May, 1864, bromide of potassium is recommended by Dr. Henry Behrend as a remedy worth trying in cases of loss of sleep, attended or caused by much mental excitement, and as especially adapted to those cases where opiates fail, or make worse instead of better.

In an article published in the *Dublin Quarterly Journal*, in 1864, by Dr. McDonnell, of the Jervis Street Hospital, the attention of the profession is again called to this remedy, and its efficacy substantiated, by numerous cases of epilepsy in *males* and *females* successfully treated; and reference is made to Dr. Brown-Séquard, Dr. C. Bland Radcliffe and Sir C. Locock, all of whom had previously used it extensively, and with a great degree of success.

Having thus given a partial historical *résumé* of the uses of bromide of potassium up to the present time, I propose to give the

results of my own experience in its use, in epilepsy, in spermatorrhœa, and as a sedative in certain nervous diseases; and first of its effects in epilepsy, illustrated by a few cases.

Case I.—Miss B., of this city, employed on a sewing machine in a collar factory, applied to me in the summer of 1863. She had one fit each month, usually a day or two before the appearance of the menses, which were neither profuse nor attended with great pain. She was otherwise perfectly well, but the fits were increasing in severity, and she had once fallen in the street. It was then nearly a year since the first attack. I gave her at once a solution of the bromide of the following strength:—Potass. Bromid., ʒ i.; aquæ, fʒ viij. Dose, a teaspoonful after each meal. At the next menstrual period, when at work over her machine, she was seized with a sudden dizziness, but there was no convulsion and no loss of consciousness, and in a few moments she was able to resume her work. Encouraged by this effect of the medicine, I advised her to persevere in its use. She left the city shortly after, and I saw no more of her, but was told by an aunt of hers living here, that Miss B. continued to take the medicine for four months, that she had never had a fit since, and was about to be married—this was just a year after commencing the treatment.

Case II.—Mrs. J., of Green Island, aged 48, of melancholy disposition, had never had any children; came under my care first in November, 1864, complaining of pain in the head, dizziness, "hot flushes," and various other symptoms, which sometimes attend upon that period known as the "turn of life." She was at times very despondent, and would shut herself up for days at a time, refusing to see any one. I prescribed such medicine as seemed appropriate to her condition, and which relieved her to some extent, when one evening I was sent for in haste to see her, and the messenger stated that she had had two fits in succession. Judging them to be probably hysterical, I carried over with me some fluid extract of valerian, but on arriving at the house, found that she had fallen suddenly, and without any warning—was greatly convulsed—in short, that I had to deal with epileptiform hysteria. Furthermore, I ascertained upon inquiry, that it was just the period in the month (six months having now elapsed since the last appearance of the menses) when she should have been unwell, had she been regular. I then commenced with the bromide, in the same doses as in Case I. She had twice afterwards, at intervals of about a fortnight, a light seizure in bed at night; then for two months there was no recurrence of the fits. She then discontinued the medicine, and began to have fits again, not so severe as at first, but sometimes two or three in a week. I then urged her to persevere with the medicine, and increased the strength, giving of the bromide— ʒ ij. in water fʒ viij.—a teaspoonful three times a day. This solution she took steadily for five months, and

never had a convulsion after the first dose; is now at this date in the best of health and spirits.

Case III.—M. A. M., a stout, healthy-looking, intelligent Irish girl, 19 years of age, came to me from Williamstown, Mass., in June, 1866. Her mother, who came with her, stated that she began to menstruate at 14 years of age, and *always* at each period had one severe convulsion, usually falling when at her work, and was stupid and prostrated for the remainder of the day. In this case I used the solution of the same strength as in the last case, and in the same doses, and felt perfectly confident, from the pathology of the case, in assuring my patient that she would be cured. In her first letter, written after the next period, and when she had taken the medicine only three weeks, she says: "I had a light fit this time, and got over it very soon; I am much encouraged, and think I shall get well." In the second letter, she says: "I am certainly getting better. I had no fit, but felt dizzy for a few moments, and held on to the table. In a few moments I got over it. I shall go on taking the medicine. I have great faith I shall be cured, for surely I am better these two months." I heard no more from this patient until January, 1867, when she wrote that she "had no fits at all, thanks be to God." To this I would add respectfully, and with all reverence, thanks be to God, and Sir Charles Locock too, for it is to him that the unfortunate epileptics owe a debt of gratitude they can never discharge.

Case IV.—E. S., of this city, clerk, aged 24, of good habits, but formerly used tobacco excessively; never contracted the habit of masturbation; since the age of 17 had severe epileptic fits, as often as once a fortnight, and at times twice a week; had frequently fallen in dangerous places, and had sometimes been severely injured. He bears upon his face the scars of wounds received in his falls, and was known to several of our physicians and to our police as a confirmed epileptic. In May, 1866, when engaged in hoisting goods, he was suddenly seized, and fell from the third story of the store to the pavement beneath, a distance of thirty feet, fracturing his right thigh and one or more ribs. For a day or two his recovery was doubtful, but he got well, and with a good leg too. During his convalescence, Dr. Charles Freiot, his attending physician, advised him to try bromide of potassium for the cure of his epilepsy. This was in June. He took it but a short time, but enough to see that it exerted a controlling power over the disease. Owing to his lack of means, being out of employment, and the expensiveness of the medicine, he discontinued it during the summer. In November last he commenced taking it again, buying a quarter of a pound at a time, and mixing it himself—one ounce of the salt to a half pint of water—a teaspoonful three times a day. From that time to this day he has not had the slightest epileptic seizure, and expresses himself as feeling well and in excellent spirits. He has not yet discontinued the remedy altogether.

I might relate other successful cases, but these are enough for the pages of your JOURNAL, and enough to convince the most skeptical that, in cases of epilepsy, not having their origin in organic disease of the brain or spinal marrow, its bony walls or its membranes, we have a remedy which should be faithfully tried, and which will, in a large proportion of cases, effect prompt and permanent cures. "*Post hoc ergo propter hoc*" is, I am aware, the argument which too often attaches to some new remedy; but this will, I think, stand the test, if administered in those cases to which it is applicable. It is not infallible by any means, nor is any remedy for any disease.

In a future number, I will relate some cases illustrating the power of bromide of potassium in spermatorrhœa, together with such conclusions as I have arrived at from its use during the past five years.

Troy, N. Y., May 27, 1867.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

MARCH 25th.—*Large Cancerous Tumor in the Stomach, with severe Symptoms.*—The case occurred in the Home for Aged Men, under the care of Dr. C. D. HOMANS; the autopsy was made and the specimen shown by Dr. J. HOMANS, Jr.

The patient was a man, 75 years of age, who for several years had suffered from symptoms of dyspepsia, though never very severely; for the last year of his life a tumor had been perceptible just above and about the navel, and extending, when he was erect, nearly to the ribs above; it was firm, not tender, and immovable; the integument could not be moved over the tumor, which projected so as easily to be seen by the eye. He gradually lost flesh and strength, never vomited, was generally constipated, had never passed blood or anything like it, and had a good appetite up to the last, being able to walk about to within a few hours of his death, for which there was no special cause.

Autopsy.—There is to be *seen*, just behind and to the left side of the umbilicus, a tumor of the size of the closed fist.

Head not examined.

Thorax.—Universal old adhesions over both lungs; the apices of both upper lobes were solidified, and contained many small cretaceous masses. There was great œdema of both lungs. Heart normal.

Abdomen.—A scirrhous tumor, nearly globular in form, surrounds and occupies the lower four inches of the pyloric extremity of the stomach. It has infiltrated and attached to itself the anterior abdominal walls, even the skin being slightly attacked, over a space about three inches in extent. The walls of the tumor vary from half an inch to an inch in thickness; its mucous surface is deeply ulcerated. The morbid growth ceases abruptly at the pylorus. The remainder of the stomach is perfectly healthy. Under the microscope, the

growth is seen to consist of small cells, of a round or oval shape, packed closely together.

Dr. JACKSON thought it the most extraordinary case of cancer of the stomach he had ever seen, with regard to the latency of the disease, considering its extent, and especially its situation. If, as he has often before remarked, the disease is in the body of the organ, and the orifices are unaffected, the symptoms may be so slight as to be but little thought of. Here, it is true, the pylorus, to a small extent, was quite healthy, but the whole circumference of the pyloric portion was extensively and deeply disorganized, and there ought to have been the most marked symptoms of obstruction.

APRIL 8th.—*Chronic Pneumonia or Tubercular Disease.*—The following history of the case was read by Dr. JACKSON, as received from Dr. W. Mack, of Salem:—

"I was called to the patient early in February. For nearly a year he had not been so well as usual, had been growing gradually less strong and less inclined to exercise; appetite less good, but had had no pain, distress or disturbance of his functions sufficient to induce him to seek medical advice. He sent for me especially for severe paroxysms of pain in the forehead, occurring mostly in the night. His pulse was about 80, rather feeble; tongue slightly coated; appetite moderate, but digestion undisturbed; no cough; no pain in chest; slight dyspnœa on going up stairs; some chilliness, and indisposition to exert himself. The pain in his head seemed of a nervous character, and gradually subsided, and at the end of a fortnight had entirely left him. When this occurred, finding that he was not otherwise improved, I examined his chest, and, much to my surprise, found the left lung flat on percussion *throughout its whole* extent, with bronchial sounds everywhere, and a few mucous râles; the right lung being *entirely free* from all abnormal sounds whatever—appearing, in fact, perfectly healthy. At this time he had no more constitutional symptoms than I have mentioned, except a gradually increasing debility; no fever; no cough; no pain in chest; no expectoration; no sweating, and little emaciation. Dr. Edward H. Clarke saw him early in March, and will confirm my statement. It was not till about the 14th of March that I discovered any disposition to hectic. From that time his pulse was generally above 100, and his respiration began to increase in frequency; some disposition to perspire came on, though never excessive; strength rapidly declined; mucous râles began to show themselves in various parts of the right lung and increased in the left, but still without any pain, or hardly any cough or expectoration. He died March 31st.

"The right lung had several masses of infiltrated tubercle, from the size of a hen's egg to a pea, scattered through it; most in the lower two thirds; apex nearly free from disease."

The left lung, which was exhibited to the Society, was solid almost throughout from an opaque, whitish, tubercular-looking infiltration. At the apex, where there were some remains of healthy tissue, there was a cavity about the size of a marble, and that was the only one.

Dr. J. remarked that, notwithstanding the short continuance of the symptoms, the disease must have been of considerable duration; and it may be questioned whether it did not date from the time when the health began to fail. It would by many be called a case of chro-

nic pneumonia; and Dr. J. thought it especially interesting as showing the pathological connection that he believes to exist, anatomically, between this and tubercular disease.

April 8th.—*Growth from the Heart of a Right Whale.*—Dr. Jackson showed the specimen, which he had received from Dr. Alfred C. Garratt for the Museum of the Medical College. It was of a flattened, pyriform shape, six inches in length, four inches and five eighths at the widest part, and one inch and five eighths in thickness. Dr. G. received it from an old, intelligent whaler, who reported to him that the animal was an old one, though in good condition, taken last year near the Azores, and had been previously harpooned. The growth here shown was attached by its small extremity to the adherent edge of one of the "clappers" (valves), and in another of the cavities of the heart was a perfectly similar formation, which was broken. The organ itself was healthy. The following is the result of Dr. J. C. White's examination:—

"The outer portion of the specimen is a very dense, organized, fibrous material, about one eighth of an inch in thickness at the point examined. Within this shell is a very loose, spongy substance, of a yellowish-brown color, somewhat fatty, and containing a large quantity of inorganic matter, carbonate and phosphate of lime; the whole resembling somewhat the concretions found within the human circulatory system."

Dr. J. supposed the formation to be the result of a coagulation of the blood. Phlebolites are common, but he had never seen cretaceous transformation in a heart clot. The nature of phlebolites, however, he remarked, had of late been questioned.

Bibliographical Notices.

Orthopœdics: a Systematic Treatise upon the Prevention and Correction of Deformities. By David Prince, M.D.

Dr. Prince has given us, under the above title, a treatise on the cause and treatment of deformities. It is intended, as the author informs us in his preface, for the use of the general practitioner, who, living in places remote from large cities, must depend, in the treatment of many of his patients, upon such resources as can easily be laid hold of at home. His suggestions, in some instances, are well adapted to the indications. We would instance the extemporaneous splint for extension in morbus coxarius, which is illustrated on page 93. This consists of a shaft of hard wood placed upon the outside of the leg, with a collar of steel at right angles to the shaft, shaped much like a horseshoe, adapted to the thigh, to press like a crutch upon the ischium. Upon the other end there is an iron foot-rod, which is intended to pass into the heel of the shoe. The shaft is made so long that the weight of the body cannot come upon the foot. We cannot speak of this arrangement from experience, but should suppose it might answer as a cheap substitute where a more costly and efficient apparatus cannot be obtained.

The work is divided into two Parts. The First Section of Part I.

treats of Arrest, Redundancy and Misplacement of Development. As an example of arrest, hare-lip very properly receives especial attention. Redundancy, as exemplified in supernumerary or webbed fingers and toes, is barely glanced at. In a systematic treatise like the present, we should have been glad to have seen the treatment of united fingers more fully enlarged upon. The prevention of re-union, after the operation, is a subject well worthy serious attention. The various expedients which have been resorted to, both in Europe and America, have, for the most part, signally failed in accomplishing their object. Liston's plan of perforating the skin, near the root of the fingers, has, we suspect, rarely proved entirely successful. A plastic operation has been suggested, the flap being taken from the dorsum of the hand. The severity of this operation for a young child, and the disfiguring scar, in a part so conspicuous as the back of the hand, will prevent the general adoption of this method. In our experience a silver hook, of the size of a small quill, employed after the division of the uniting medium, the bend of the hook grasping the space at the root of the fingers, its branches extending upon the back and palm of the hand, and kept firmly in position by an elastic cord passing through eyes at each extremity and attached to a bracelet round the wrist, has proved satisfactory. If we are so fortunate as to be able, partially at least, to approximate the edges of the wound by sutures, we stand a very excellent chance for a successful result.

Section II. relates to the perversion of relations of parts through muscular contraction. Dr. Prince justly says, "The interest and importance of this subject justify its consideration to a greater extent. Its correct understanding is necessary to the adoption of such therapeutics as will *prevent* deformity or loss of functions, which is far better than the greatest success in restoring them. . . . . Great light is thrown upon this subject by the hypothesis, pretty well sustained, that there may be a constant muscular pull in addition to the ordinary muscular tonicity, and independent of, and sometimes in spite of, and in antagonism to voluntary contraction and ordinary reflex action. This constant abnormal contraction results in shortening, rigidity and ultimate wasting of the muscles affected, reducing them to the condition and function of ligaments."

There is no question, in our opinion, of the correctness of this hypothesis, although, upon the same page, we find a citation from a late English writer, Barwell, questioning its correctness. It is at present the fashion, with some authors, to attribute all contractures and distortions to paralysis of the antagonizing muscles. Undoubtedly there are a large number of deformities arising from this cause, and, perhaps, the distinction between these and others is not always easily recognized by one unaccustomed to the manner in which an examination must be conducted in order to arrive at certainty upon that point. The differential diagnosis becomes still more difficult if the cases are viewed through the medium of a preconceived theory. In a majority of congenital cases it can, however, be demonstrated that there is no trace of paralysis. Convulsions, whether in infants or adults, often leave muscles, and most frequently the flexors, in a state of permanent contraction, although there is and has been no paralysis. Such a condition has occurred under our own immediate observation, although pronounced, by the above authority, pathologically impossible.

In several other instances the patient's history and present condition have, unmistakably, proved the possibility of such an occurrence after birth. From analogy we must conclude that a similar state of things may exist in the fœtal state. Not only from analogy, must an unprejudiced observer draw such an inference. A critical examination of a large number of cases of congenital talipes has convinced us of its correctness, although the almost immovable condition, produced by the contracted tissues, may, by some, be relied upon in support of an opposite theory. It would be impossible that paralyzed muscles should, so constantly, *chance* to gain that power both in the infant and the child under the disadvantages of forced inaction from position, previously to coming under our observation and treatment, which we so often find them to possess upon our first examination. It would be equally impossible that they should so thoroughly acquire their tone and action after the cure of the deformity as to be able to retain the foot in its new position without artificial aid. Notwithstanding Barwell's assertion to the contrary, supported in part by our author, we are convinced that talipes varus rarely, very rarely, arises from paralysis. It is in consequence of this pathological fact that this malformation is capable, in a majority of cases, of complete restoration, and gives, to such cases, that perfection of form and action which renders the cured foot indistinguishable from one which was always normal.

Spasm, in the noncongenital cases referred to, and probably, also, in congenital, produces, in the first place, violent shortening of the muscles, which are never entirely relaxed, but held partially contracted; and, finally, the structural or interstitial change takes place rendering it impossible for the muscles to become elongated either by the action of the antagonistic muscles or by mechanical appliances. In these cases division of the contracted tissues is, unquestionably, the all important first step. There are, also, a certain class of cases in which the contraction of one muscle or set of muscles originates in paralysis of another set—where the contraction is strongly marked and where mechanical extension has been tried thoroughly without effect. We may, perhaps, succeed in stretching the muscles to a certain extent, but, the opposing muscles being paralyzed, there is no balancing force, and contraction speedily recurs. In these cases we have found the curious and satisfactory result of division, and the subsequent treatment, to be a gradual yet complete return of power in the deficient muscles.

A case recently under our care was a striking instance in point. A boy 3½ years old came under treatment for varus acquisitus. When 2 years old he began to walk lame and on the outside of the right foot. On examination the flexors of the foot and extensors of the toes were found paralyzed. The foot was inverted and rotated—varus of the second degree. The tendo-achillis and plantar fascia were strongly contracted. Having, under similar circumstances, made the attempt to stretch the contracted muscles by mechanical means alone and failed, we advised division at once. After four weeks treatment there was slight return of power in the extensors of the toes;—in four weeks more there was complete power in flexion, abduction and adduction of foot and extensors of toes; the foot being, in all respects, perfect. In another case, now under treatment, the same effect is taking place but less rapidly.

Dr. Prince makes, in this connection, numerous quotations from Todd, Brown-Séquard and others, which have a bearing upon the point in question.

In treating of the effects of inflammation and perversions of nutrition, in injuring or destroying the tissues, Dr. Prince refers to the contraction of muscles from irritation communicated by sympathy with a neighboring diseased joint, as we so frequently see exemplified in muscles contiguous to the hip; and the action of the pressure, thus produced, in increasing and extending the disease. The benefit to be derived from extension is enlarged upon, and the splints invented by Dr. H. G. Davis, and improved by Dr. Sayre, for continued extension, are described.

In certain stages of the disease, and under certain circumstances, this splint has undoubted advantages over all others; but in our experience, its application is beneficial only within narrow limits, and its effects must be closely watched, otherwise both the disease and the consequent distortion may go on unchecked. It has the disadvantage of requiring always to be applied by the surgeon in order to derive from it the greatest amount of good, as rarely can either mother or nurse be trusted to adjust the plasters and screws. The pathological principles upon which it is arranged are, undoubtedly, correct, and should guide us in the treatment of the disease.

The author's remarks upon the recent disuse of the more active forms of counter-irritation in the treatment of joint diseases are certainly worth consideration. In the earlier stages of some forms of hip disease, for example, we have, too frequently, seen the severe pain, the extreme tenderness of the joint where the slightest jar is agony, the nocturnal startings and spasms, and the pain in the knee removed, after having existed for months, by flying blisters, or by an issue preceded, if the state and history of patient render it advisable, by slight local bloodletting, to have a doubt left in our minds in regard to the importance of these remedies. The relief is often immediate; neither extension, nor rest, nor internal remedies in such cases will have the slightest effect without the aid of local applications in some one or more of the forms which experience has taught us are most beneficial.

Part II. treats of "Particular Diseases and Deformities not yet noticed or only incidentally referred to." Among these, Hip Disease, Lateral and Vertical or Angular Curvature, the various forms of talipes and distorted limbs, receive attention. In the remarks upon Hip Disease, extension appears alone, or chiefly, the object to be aimed at. Experience, however, teaches that this is but one of the indications, and that the most easily answered in the treatment of a disease which is at the same time one of the most tedious, and, especially in its sequelæ, one of the most difficult to manage successfully. We have no description of, or reference to, any instrument by which distortion and contraction, the almost constant sequel of morbus coxarius that has been neglected in its early stages, can be remedied. In common with most authors on orthopœdic surgery, Dr. Prince fails to supply this desideratum.

In the treatment of deformity arising from hip disease, in the majority of cases we have a fourfold variety of distortion to contend with—shortening of the limb, flexion, adduction and rotation. For

the first we can employ longitudinal extension by weight and pulley, or by some one of the forms of apparatus which have been invented for this purpose.

Of the different kinds of apparatus we have had constructed, to produce posterior extension and abduction, that which we have found most generally applicable, and which we have been in the habit of using for the last ten or twelve years, is a firm body apparatus, with a strong thigh stem extending upon the outside of the femur, with a rectangular branch to embrace the thigh. This stem is moved in the directions of extension and abduction by two ratchet wheels at the hip-joint; one so arranged as to draw the thigh backward, the other to draw it outward. Sometimes it has been necessary to have a similar wheel attached opposite the knee-joint; the application of the instrument to be preceded, if required, by the division of the contracted tissues, or the operation may succeed a sufficient trial by extension. In a work by H. H. Bigg, recently published in London, is figured and described a somewhat similar apparatus.

Sometimes we employ other means, as, for example, a body apparatus, similar to the above, with spring attachments to act upon the femur in the required directions. If simple rotation is required, as is frequently the case in the earlier stages of the disease, it may, generally, be easily accomplished if the patient is confined to the horizontal position, using the foot as a lever, by means of plaster straps, &c., and fastening them to a cradle or frame placed over the foot, or to the edge of the bed.

We cordially agree with our author in much that he says upon lateral curvature of the spine. The variety of causes which give rise to this complaint are dwelt upon. The hobby mania, which is so apt to be the weakness of specialists, has been particularly exemplified in this class of complaints. In the etiology, for example, we have the spasmodic action of Guérin, the rachitic, the muscular and the ligamentous debility of other authors—later, the horizontal twist of Adams as the universal attendant, and position as the almost universal origin of lateral deviations of the spine; these, and a variety of other causes, have each had their advocates as alone sufficient to account for the occurrence of the primary curve. Undoubtedly, in many instances, it may be traced to some one of the causes enumerated, and there are cases in which, perhaps, all these, and still other causes, have combined to produce the evil.

In the treatment of lateral curvature, the principles which should guide us are those usually applicable in all branches of our profession: avoid routine practice; apply those remedies, in each individual case, which are applicable to that case. In one, it may be the partial adoption of the horizontal position alone which is required; another may require simple local or special gymnastics, or the two methods combined; in a third, an accurately adjusted support must be added; for a fourth, we should make use of the lever principle, as in Hossard's lever belt; in a fifth, it may be evident that only screw pressure of considerable power, associated with a spinal couch, Guérin's sigmoid extension (often a very valuable adjuvant), or one constructed on similar principles, can afford us any hope of success; and, in a sixth, a combination of several of these, and yet other means, may be found necessa-

ry; and, in all, our course must be varied in different stages of the treatment.

We would say, in passing, that elasticity as an extending power—by means chiefly of India rubber—appears to be considered by our author as almost universally applicable. This, we think, enlarged experience will prove to be an error. In very many cases the constant action of India rubber, if of sufficient power to produce decided effect, becomes absolutely unbearable, sometimes producing excoriation and sloughing. It is a pressure from which there is no escape, and the nervous suffering caused by the intense desire to obtain relief often greatly exceeds the simple local pain produced by regulated, inelastic pressure. In the same cases it will be found that the steady, firm action of some screw, or other permanent apparatus, will be easily borne; the very simple explanation of this effect being that the pressure can be adapted to the yielding capacity of the part to be acted upon. It yields to the required extent, then there comes an interval of rest, during which it becomes adapted to the state of things and is prepared, after a proper interval, for still farther extension. The incessant, unvarying strain of elastic extension is, in many instances, more than can be borne.

In some incipient or slight lateral curvatures, and in some of the less formidable foot and joint contractions and distortions, the method, by elastic pressure or extension, advocated by Davis, Barwell and Prince, may be employed with benefit. For years before Davis wrote upon this subject or Barwell promulgated "my new method," we have been in the habit, in certain cases, of using rubber webbing, as one of the extending forces, where such an appliance seemed appropriate.

In treating the different forms of talipes our author again depends upon India rubber bands, the chief difference from the method advocated by Barwell consisting in the use of a shield of gutta-percha around the foot as the inferior point of attachment, while the superior is above or below the knee, or even carried as high as the pelvis, and, also, in discarding the refinement of the above author who considers it necessary to follow the course of the paralyzed muscles, and their tendons, with rubber straps; to advocate which theory, it would appear, his work upon talipes was chiefly written.

In those cases where the treatment by elastic extension is advisable, Dr. Prince's gutta-percha shield is certainly a great improvement upon adhesive plaster as a medium of attachment for the rubber. The plan of treatment, however, in which the use of side irons or a brace attached to the shoe, after the treatment is completed, is found useful or necessary, must, certainly, be considered imperfect. A cure cannot be looked upon as perfected in which such an unseemly appendage is required to prevent a return of the deformity. Where extension by rubber, with or without operation, is alone depended upon, we think such an attachment will usually be required; and our opinion, on this point, is confirmed by Dr. Prince's remarks upon this subject.

The apparatus from Biggs, recommended for Genu valgum, is, certainly, as clumsy, and, we should suppose, as inefficient an instrument as can well be imagined; and likewise a simpler and more philosophical instrument should be employed than that recommended for bow legs.

In the last few pages of the work there are some instructive re-

marks upon the different methods of treatment of deformities from non-union after fractures.

In conclusion we would add that the style of the book is sometimes obscure, too ambitious, perhaps, of a scientific phraseology, while, at the same time, it contains some suggestions which may be useful in the branch of surgery of which it treats. The idea, however, with which the author starts, of simplifying orthopœdic apparatus and rendering it less expensive, we think, on the whole, has not been successfully or thoroughly carried out. Perhaps, from the nature of the case, success in this particular is impossible. Orthopœdic apparatus, to be efficient, must be well and thoroughly made, cautiously adapted to each individual case, while power and compactness must be carefully studied.

The typographical execution of the work is excellent. B. B.

The Intercranial Circulation: an Essay to which was awarded the First Prize of the Boylston Medical Society in 1867. By Thomas Dwight, Jr., House-Surgeon of the Massachusetts General Hospital. Printed for the Author. 8vo., pamphlet. Pp. 28. Illustrated.

Human Cestoids: an Essay to which was awarded the Second Prize of the Boylston Medical Society for 1867. By F. R. Sturgis, House-Surgeon of the Massachusetts General Hospital. Printed for the Author. 8vo., pamphlet. Pp. 81. With illustrations.

The Society, to the members of which the competition for the Boylston Prizes is open, is, as many of our readers are aware, an association of undergraduates in medicine connected with the Medical School of Harvard University. It has an excellent influence upon medical students in Boston, both by its meetings and the stimulus of its annual prizes, of which the two essays which are the subject of the present notice are the fruit of the past year.

Of course in productions of this kind one does not look for any startling novelty, or any very important contribution to practical medicine. The limited experience of the authors must preclude this. The most that can be expected is a thorough and comprehensive study of the chosen subject, evidence of a just appreciation of all its bearings, a thoughtful consideration of the arguments on disputed points, and positive expressions of opinion in evidence of the mental activity of the writer, the whole presented in as good a literary form as possible. Measured by such a standard the essays before us are extremely creditable to the authors.

In the essay on Intercranial Circulation Mr. Dwight, after a general description of the vascular system of the brain, and the special forces which act in carrying on the circulation within the cranium, with a discussion of the agency of each—proceeds to consider the question, how it is that within such a closed cavity the volume of blood is increased or diminished under any circumstances; a question which one unused to physiological inquiries might well hesitate in answering. The conclusion which he adopts, after examining the different opinions which have been held on this question, is, that it is the cerebro-spinal fluid which maintains the equilibrium within the cranium, receding as the quantity of blood increases, and vice versa. The numerous authorities quoted show that the whole subject has been carefully and

understandingly studied. The essay is well written, and worthy the attention of any one desirous of refreshing his memory on this interesting physiological subject.

The essay on Human Cestoids is a careful *resumé* of some eighty pages of what is known at the present time of all the species of tape worm found in the human body, including anatomical descriptions, and a history of the development of each. The descriptions are precise and intelligible and are well illustrated by three admirable plates of lithographic drawings by another medical student, Mr. H. P. Quincy. The essay shows a diligent study of the various works on this important subject, as those of Küchenmeister, Von Siebold, Moquin-Tandon, Cobbold, Davaigne, Weinland, etc., as well as contributions to different medical journals. In addition to the best known species we find here descriptions by Dr. Weinland of two new American Tæniæ, one a variety of the Tænia solium, obtained at the Saut Ste. Marie from a Chippewa Indian by Prof. Agassiz, the other a new species, *Hymenolepis flavopunctata*, found in the collection of the Boston Society for Medical Improvement—and a new Cysticercus, *C. acanthotrias*, also from the collection of the Society for Medical Improvement, to which it was presented by Prof. Jeffries Wyman, who obtained it from a woman who died of phthisis in Richmond, Va. The whole concludes with a summary of the different methods of getting rid of these tenacious parasites, that leave their intestinal abode with such extreme reluctance. We can recommend the essay as presenting in a moderate compass a fuller account of the Tæniæ than is accessible in any publication that we are acquainted with. Both of these brochures are published in the highest style of the printer's art, with large type on tinted paper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 27, 1867.

CHOLERA *VERSUS* FILTH.

The writer having never engaged in any of the discussions on the vexed question of the contagiousness or communicability of cholera, offers a few remarks on one point in the causation of that disease, quite aside from that *questio vexata*. The Junior Editor desires to preserve an entire *incognito* upon the subject of the communicability of the malady, the affirmative of which has been sustained by his predecessor, and by the Senior Editor.

We know how difficult it is to generalize in relation to this mysterious and apparently capricious pestilence, and that all the facts in relation to any of its occasional visitations of Europe or America have never yet been obtained, though we are not unmindful, in making this last statement, of the vast labors of the Commission of Constantinople. Nevertheless, we think we may safely assume that *wherever cholera has largely prevailed there has been, and in large measure, uncleanliness of habitation or surroundings*. We propose to illustrate this by mentioning some of the places we have heard most of, as having been visited by

the scourge of the present decade. We do this, because we think that in entertaining other considerations, we should not allow ourselves to lose sight of the fact stated in the passage we have above italicised. The converse of that proposition, be it understood, we are fully aware cannot be sustained, viz., that wherever there is uncleanliness within the reach of a cholera epidemic there the disease must be. For instance, the cholera invades Rome, but leaves one of its filthiest quarters—the *Ghetto*—untouched, though at its next visit it rages in the Jews' quarter as elsewhere. We can only infer that filth is *one* among the conditions requisite for an extensive prevalence of the disease.

The cholera invades Marseilles about the time of the arrival of vessels bringing the Mussulman pilgrims returning from the East. The filthy habits of the pilgrim caravans are proverbial, the effect of which is not diminished by the practice of carrying the corpses of those who die by the wayside to the goal of pilgrimage. Those Mussulman bands had been decimated by the cholera. If filth be a necessary condition of the prevalence of the malady, the inhabitants of Marseilles were supplied with that condition, whether the seeds of the disease were sown by the pilgrims, or were wafted by a more subtle epidemic influence. To be convinced of this, we have only to turn to the following graphic lines of the great English novelist. "Marseilles, a fact to be strongly smelt and tasted, lay broiling in the sun." "There was no wind to make a ripple on the foul water within the harbor, or on the beautiful sea without. The line of demarcation between the two colors, black and blue, showed the point which the pure sea would not pass; but lay as quiet as the abominable pool with which it never mixed."

Other cities of France are ravaged by the pestilence, and in them the condition of uncleanliness is not wanting. Narrow, dirty streets, lodging houses six and seven stories high, their apartments peopled from *entresol* to garret, and pervaded with noisome odors that tell of offal and other vile things. These pay their heavy tribute to the epidemic. Cross to England, and the fancy recurs to the accounts given by Mayhew of the costermongers of London swarming in cellars and miserable lodgings, and to the descriptions of Dickens and others of the haunts of destitute thousands in cities and towns, with open cesspools and half-covered drains polluting the air. We have been told, too, that during the late epidemic, certain districts of London which were especially infected by it were supplied with water from wells into which the foulest matter had oozed. These abominations solicit the pestilence, as the stagnant air invites the whirlwind or the thunderstorm.

We next hear of the emigrant ship bearing westward across the ocean. It is lightened of its living freight by many a victim to the destroyer, and we know that its steerage is crowded and reeking with a compound stench from sources too disgusting to enumerate. One party says the disease makes its seizure here because the ship has entered a zone pervaded by the noxious agent. The other party denies this, and declares that the sufferers (who came from an infected port) brought the disease with them in a state of incubation, and fortifies its position with the statement that emigrants from Ireland, where cholera had not appeared, did not suffer on entering the supposed zone. If we grant the period of incubation, however, we are left still in the dark as to whether, at the point of departure, the disease was contracted by communication with others sick with it,

or from an epidemic influence obtaining there. We do know that where it was developed there was filth.

During the past year, the cholera sent many thousands in this country to their long home. The points which suffered most are the western cities. As regards its special prevalence in them, the limestone theory was at one time much in vogue, and still has its supporters. It was said that the region most affected is one of limestone formation, and a relation of cause and effect between the two facts was set up. We shall not quarrel with this theory as claiming to present an influence favoring the presence of the disease. For we know that the water of that region, impregnated as it is with lime, has a laxative effect on the bowels, and generally produces diarrhœa, sometimes severe, in those who are unacclimated. But, in all those western cities where the epidemic raged with so much virulence (to such a degree sometimes that it was difficult to get conveyances enough of any kind to carry the dead to the cemeteries), there was another common element, and that was the uncleanly condition above named. In the beautiful city of Cincinnati, the drains are the street gutters; and the sentinels which denote the presence of an enemy to health—foul odors—are not wanting. In addition to this, the water of the Ohio, with which the city is supplied, is drawn from a source below where the city empties a portion of its vilest drainage, or rather washings; and last year the sensible and other properties of that beverage were enhanced thereby. In Chicago, equal impurities on the surface, and the water such as to necessitate that triumph of practical engineering—the famous Lake tunnel. In Nashville the mortality was frightful. In a few of the principal streets there are underground drains; but in the outskirts of the town, where the epidemic rested most heavily, there is only surface drainage, and the garbage and offal are left upon the ground to rot. In St. Louis, Memphis, Cairo—like filth and proportionate mortality from cholera.

We now come to the reverse side of the picture. New York had an efficient system of quarantine; and yet a sufficient number of cholera cases found their way into that city to have formed a nucleus of contagion—if contagion there be—and to have caused a mortality parallel perhaps to that at the West, had other necessary conditions been present. But, a board of health was appointed, and extraordinary powers were conferred upon them besides those residing in their own energies. A task was before them which reminds us of that imposed on Hercules when he had to cleanse the Augean stables. They could hardly imitate that muscular heathen by turning the Hudson river through the tract to be purified. Nevertheless Dr. Dalton and his associates applied the besom of destruction to the filthy abuses of the metropolis, with a thoroughness and a disregard of the prescriptive rights of corruption worthy of radical reformers. The consequence was, New York was so clean that it hardly knew itself. And it is well known that though there was, we repeat, cholera enough to have spread over and decimated the city, if contagion were the *only* requisite exciting cause, yet there was not sufficient to create alarm. In fact, the number of cases was small in proportion to the inhabitants. And what there was of the disease avoided the more cleanly portions of the great seaport.

Boston, compared to the other cities above mentioned, is always clean, has rarely suffered much from cholera, and nearly all of the cases we have had have been in districts the Board of Health has failed to regenerate. Last year, the

number of cases of the prevailing epidemic, as collected by the Committee of the Suffolk District Medical Society, was only 37 for Boston and its suburbs; and they, with exceptions too sadly memorable for us, were in the dirtiest localities.

Before closing, we would allude to another point in this connection. High altitudes have been supposed to be protective against invasions of the disease in question. That they are not always so, unless aided by cleanliness, is exemplified in the case of the city of Mexico, which though of mountain altitude, is shockingly filthy, and has in times past suffered fearfully from the malady.

The "improvement" we would append to the above homily is this: Quarantine the ports, at least while the present question of the contagiousness of cholera remains unsettled; but do not neglect to police the streets and cellars, and to flush the drains.

Oil of Petroleum, says the *Union Médicale*, is a powerful agent for the destruction of insects. The crude oil is the best for the purpose. A few *grammes* of petroleum diluted with water, and sprinkled by means of a watering pot over strawberry plants, destroys the *maus* or "white worm of the beetle" which infests those plants. The crude oil mingled with a large proportion of water is a sure poison for crickets. The mixture is to be poured through a tunnel into the holes frequented by them.

The *acarus scabiei* is very promptly and radically destroyed by inunctions with the oil.

Frictions with petroleum water (60 gr. par litre) immediately cleanse the domestic animals of the parasitic insects which annoy them. The animals should be washed with soap suds a few minutes after the friction.

It is also stated that a house infested with rats and mice was freed from these guests a little while after the introduction of a large quantity of the oil into the cellar.

A CORRESPONDENT of the *Union Médicale*, writing about medical matters at the great "Exposition," says the best arranged vehicles for the transportation of the wounded in battle are those of the United States and of France. "The transportation of those who have been operated on, from ambulance to hospital, on the part of each nation, is formally installed [as we should say, 'has become an institution'] only in the United States. It must be confessed, these bellicose Americans have had opportunity and time to experiment with their *materiel*. Ah, incredible people! so intelligent and so warlike."

The writer then gives an elaborate description of our "hospital car," and adds "all nations should take pattern from the United States in the arrangement of drugs, medicine flasks and boxes, for transportation. Everything fragile is protected. No shocks, overturnings, or other accidents can break the bottles or force out their stoppers."

The letter is closed with an admiring notice of our military hospitals.

Cholera and the Black Death.—We translate another quotation from the *Union Médicale*:—

"The cholera question is everywhere discussed. If by God's favor it does

not prevail as an epidemic, there are yet mentioned a few sporadic cases here and there. London and Dublin quake with fright at some isolated manifestations of it. * * * * One of the best memoirs on the subject which the last epidemic gave rise to among us has been translated in America—that of Dr. Mesnet, which we find in the *Journal de Médecine de Boston*." * * * "These rumors of the cholera in Ireland have again awakened attention to a blackish, ecchymotic discoloration of a part of the skin, which manifests itself in certain cases before death." * * * An autopsy of a marked case "revealed no characteristic lesion, in the meninges, the intestines or elsewhere. Thus the author [Dr. Benson] is disposed to set up a separate species of disease under the name of *Black Death*; and goes to the extent of connecting it with the black plague of the middle ages."

Dr. Belcher, however, considers the disease "*cerebro-spinal arachnitis*." It will be recollected that what we call *cerebro-spinal meningitis*, or *spotted fever*, was denominated "cerebro-spinal arachnitis" when it appeared in Ireland in 1846. We await with interest the results of further investigations on this subject.

MESSRS. EDITORS,—It was with surprise that I saw my name among others appended to a series of resolutions in relation to the lectures of Prof. H. R. Storer. I desire to state that I never saw the resolutions until I saw them in print, and that my name was used without my knowledge or authority.

Roxbury, June 24, 1867. Respectfully, GEO. J. ARNOLD.

The Annual Meeting of the Rhode Island Medical Society.—The fifty-sixth annual meeting of this Society was held in the rooms of the Providence Franklin Society, on Wednesday, June 5, 1867. The President, Dr. Otis Bullock, of Warren, occupied the chair. The report of the Trustees of the Fiske Fund was presented. They announced the subject of the prize essay for the next year to be—"The Lessons of the late War; in what has the Science of Medicine thereby been advanced?" For the best essay upon this subject they offer a prize of $500. All essays to be forwarded to S. Augustus Arnold, M.D., Providence, on or before May 13, 1868; each essay to be accompanied with a sealed envelope containing the name and address of the author.

The report of the Committee on Abortions, presented by E. M. Snow, M.D., was read, accepted and referred to the Publication Committee. The report stated that a memorial had been presented to the General Assembly at the January session, and the Assembly had passed a stringent act upon this subject, which was in all respects satisfactory, and which had already had the effect to prevent the open advertisements of abortionists in the State.

The Society then proceeded to elect officers for the ensuing year as follows:—*President*, Otis Bullock, of Warren. *Vice Presidents*, J. W. C. Ely and Geo. L. Collins, of Providence. *Recording Secretary*, Geo. E. Mason, of Providence. *Corresponding Secretary*, Charles W. Parsons, of Providence. *Treasurer*, Fenner H. Peckham, of Providence. *Librarian and Cabinet Keeper, Southern District*, T. C. Dunn, of Newport. *Librarian and Cabinet Keeper, Northern District*, William H. Travers, of Providence. *Censors*, Drs. T. C. Dunn, J. W. C. Ely, James H. Eldridge, Joseph Mauran, Johnson Gardner, Lloyd Morton, C. W. Fabyan, Ariel Ballou. In accordance with the recommendation of the Censors, the following-named gentlemen were elected Fellows of the Society:—Drs. William T. Bullock, E. M. Harris, John W. Sawyer, Walter E. Anthony, Oliver C. Wiggins, L. F. C. Garvin, H. G. Miller, John Mattison, E. P. Clark and N. A. Fisher. Dr. W. Owen Brown then offered the following amendment to the By-laws, which was passed: "It is moved that Section 1st, Chapter 1st, of the By-laws of the Rhode Island Medical Society be amended, so as to read, 'there shall be an annual meeting of the Rhode Island Medical Society, to be held in the city of Providence on the second Wednesday in June,' in place of on the first Wednesday, as it now reads." By invitation of the President, Warren

was selected as the place for the next semi-annual meeting. Upon motion of S. Augustus Arnold, M.D., it was—

Resolved, That the Rhode Island Medical Society notice with great pleasure at their annual meeting the presence of Dr. Gibson, of Philadelphia, and Dr. Corliss, of New York.

Resolved, That the Society extend to these gentlemen the greeting due to such distinguished laborers in medical science.

Dr. Gibson thanked the Society, but asked to be excused from speaking, as he had for some time been troubled with neuralgia, and spoke with great difficulty. Dr. Corliss spoke at some length in reply, heartily and humorously. On motion of Dr. Ely, Geo. L. Collins, M.D., was appointed a delegate from this Society to the International Medical Convention at Paris. The hour for the annual address having arrived, W. Owen Brown, M.D., read a very interesting paper upon the "Progress of Medicine," after which the Society adjourned, to enjoy the annual dinner. GEO. E. MASON, M.D., *Rec. Sec.*

The New Hampshire Medical Society met at Manchester—Dr. Tenney, of Pittsfield, presiding. Dr. A. H. Robinson, of Concord, was elected *President*, M. W. Oliver, of Portsmouth, *Vice President*, G. A. Crosby, of Manchester, *Secretary*, and T. Wheat, of Manchester, *Treasurer*. Interesting speeches were made, and the annual address was delivered by Dr. Tenney. The meeting was unusually full, and closed with a collation at the City Hotel. The next meeting will be held at Manchester on the first Tuesday of June next.

Medical Festival Dinner in Albany.—The Albany County Medical Society, on Thursday evening, 20th inst., gave a complimentary dinner at the Delavan House, to Drs. Jas. Wade, Barent P. Staats and James McNaughton, on the occasion of their having completed fifty years of active life in the profession. Dr. Wade, who lives at Watervliet, was not able to be present, but the other two gentlemen participated in the festivities. A large number of invited guests were present, and the speeches on the occasion, which are fully reported in the *Albany Evening Journal*, were of the most animated character and replete with interest to the profession in every part of the country.

Ovariotomy and Ovariotomists.—It is a constant theme of complaint amongst what are now called ovariotomists, that the operation for the extirpation of the ovary has been unjustly decried and systematically opposed. They attribute this opposition to mistaken views on the part of some, and to interested motives on the part of others. But those who have carefully considered the subject will arrive at a very different conclusion, whilst they would admit that the causes above stated might have had some slight influence in obstructing the progress of the operation. The main cause, however, why ovariotomy has so long been unrecognized amongst the legitimate operations in surgery is due to the conduct of the operators themselves. For a long period no reliable statistics respecting it were to be obtained; indeed so much mystery surrounded the subject, that the real evils were magnified. Then came another phase in the history of this proceeding. Statistics of operations were published with unwonted zeal and precipitancy. Scarcely was a patient removed from the operating-table than the case was printed as successful. Errors in diagnosis and incomplete operations were related with less candor and fairness than the importance of the subject demanded. Then came a controversy, fierce, personal, and somewhat unscrupulous, upon the part of the combatants. At length, after so much which is hardly creditable to the history of surgery, we seem to be arriving at definite conclusions on the matter. In the first place, there can be no doubt the diagnosis of ovarian disease has marvellously improved. The operation itself is performed with greater safety, especially with reference to the prevention of secondary hæmorrhage. These have concurred to place ovariotomy on a very different footing

from what it formerly occupied. That the publicity given to the proceedings of ovariotomists has mainly contributed to this desirable result no one will doubt. There are still, however, some points respecting which greater accuracy is required. And these were well pointed out in the paper read before the Royal Medical and Chirurgical Society. Perhaps the most important of these is the duration of life after the operation, and the relative frequency with which both ovaries are diseased. Time will, no doubt, solve these problems as it has done the others.—*Lancet, Feb.*, 1867.

Death and Rain.—Rain, on the whole, would seem to exert a kindly and healthy influence. There is nothing very deadly in it. It may occasion catarrhs and rheumatic complaints, but these are curable with a little management and medicine. And we are to put to its credit the washing away of many of the most injurious causes of disease by a good flushing of the sewers. Summer diarrhœa, cholera, and typhoid fever would be likely to be greatly lessened by a copious rain fall. Dr. Trench, the medical officer of health for Liverpool, has satisfied himself by a series of careful observations, extending over a number of years, that there is an inverse ratio between the amount of rain and the amount of mortality from infantile summer diarrhœa. To the same effect are the tables given by Mr. Macpherson, illustrating the relation of moisture to the mortality from cholera in Calcutta. According to these tables the least mortality from cholera in Calcutta occurs in the months of July, August, and September, which are emphatically the wet months.—*Ibid.*

Treatment of Drunkenness.—It is said, in the *Connaissances Médicales*, that a half teaspoonful of the officinal liquor ammoniæ, properly diluted, will usually dissipate the violence of the symptoms of intoxication. A similar statement is referred to by Wood and Bache. We suppose that when people are drunk they are not apt to consult doctors; but the value of the above mentioned remedy might be easily tested at any of our Police Stations.

The death of a nephew of Napoleon, rapidly carried off by croup, has given rise to an imperial decree issued at Finckenstein. By this decree, a prize of 12,000 francs is to be awarded to the author of the best work upon the treatment of that affection.

The French Academy of Sciences has named Prof. Nélaton a member *titulaire* of the section of Medicine and Surgery.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, June 22d, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week	37	32	69
Ave. mortality of corresponding weeks for ten years, 1856—1866	33.7	35.2	68.9
Average corrected to increased population	00	00	76.72
Deaths of persons above 90	0	0	0

Communications Received.—Medical Cases occurring in the Massachusetts General Hospital.—Records of the Berkshire Medical Society.

Deaths in Boston for the week ending Saturday noon, June 22d, 69. Males, 37—Females, 32. Abscess, 1—accident, 3—apoplexy, 2—disease of the bowels, 1—congestion of the brain, 2—disease of the brain, 5—bronchitis, 2—cancer, 1—cholera infantum, 1—consumption, 13—convulsions, 1—diarrhœa, 1—diphtheria, 1—dropsy, 3—dropsy of the brain, 2—drowned, 2—dysentery, 1—scarlet fever, 4—gastritis, 1—disease of the heart, 2—hernia, 1—disease of the kidneys, 1—inflammation of the lungs, 3—old age, 2—puerperal disease, 2—smallpox, 3—disease of the spine, 1—unknown, 6—whooping cough, 1.

Under 5 years of age, 15—between 5 and 20 years, 11—between 20 and 40 years, 22—between 40 and 60 years, 14—above 60 years, 7. Born in the United States, 44—Ireland, 18—other places, 7.